ASAM NEWS

American Society of Addiction Medicine
formerly American Medical Society on Alcoholism and Other Drug Dependencies (AMSAODD)

Vol. IV, No. 5 **September - October 1989** Published Bimonthly

Chemical Dependence in Pregnancy: *Latest Target for Abuse*

by **Sheila B. Blume**, MD

In Sanford, Florida, a judge finds a 23-year-old cocaine dependent woman guilty of delivery cocaine to her two infants via the umbilical cord, under a criminal drug-dealing statute.

In South Dakota, an American Indian woman is jailed to keep her from drinking during pregnancy.

In California, a district attorney announces his intention to prosecute mothers whose newborns test positive for illicit drugs on a urine screen.

These stories are becoming commonplace in America today. Has our society, unable to prevent alcoholism and other drug dependence in women, unable to make adequate treatment available, decided to fall back on criminalizing and punishing as substitutes for care?

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Inside

This is the second issue of ASAM News, formerly called AMSAODD News.

Conference on Nicotine Dependence Draws Over 300

Last year, most came to find out if it actually could be done, and whether they should individually consider doing it.

This year, having decided to try it, many came to learn how ... and when.

"I'm scared," the medical director of a treatment facility admitted to *ASAM News*. "The ultimate decision was left up to me, and I do believe that it's in the best interests of our patients to go smoke-free. But I have so many questions!"

Hopefully her questions were answered during ASAM's Second National Conference on Nicotine Dependence, held Sept. 21-24 in downtown Chicago. About 100 of the 310 registrants were physicians. And the faculty of 22 included ASAM members Drs. **R. Jeffrey Goldsmith, Richard D. Hurt, Terry A. Rustin, Max A. Schneider, John Slade,** and **James W. Smith.**

In addition to basic information about tobacco and nicotine, much of the focus at this second national conference was on "how to" help patients stop smoking: inpatient, outpatient, in and out of chemical dependency treatment centers; using aversion therapy, 12 Step programs, behavioral approach, quick fixes, nicotine polacrilex gum.

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ASAM is a specialty society of 3,500 physicians who are concerned about alcoholism and other drug dependencies and who care for persons affected by these illnesses.

ASAM Nicotine Conference

(cont'd from p. 1)

CONFERENCE DIGEST

About Bill Wilson, AA co-founder:
"A heavy, sloppy smoker all his life, he developed emphysema in the 1960s. It killed him. He gave his last speech to the International AA Convention in Miami in 1970, lifted to the platform in a wheelchair, gasping for breath and sucking oxygen from the tank that was always with him."
Inside Alcoholics Anonymous
by Nan Robertson , p. 84-85

*Conference chairs **John Slade**, MD (C) and **Richard D. Hurt**, MD (R) with Jack Henningfield, PhD of NIDA (L).*

Alan Blum, MD, gave a dynamic, controversial luncheon speech about cigarette advertising. As do many other speakers and conference attendants, Dr. Blum hopes for a smoke-free society by the year 2000.

Smoke-Free CDU's

R. Jeffrey Goldsmith, MD, of Cincinnati, has been continuing to survey smoke free chemical dependency units (CDU's) across the country. Major findings:


Dr. Goldsmith

- "The strong opinion of a key leader" continues to be very important.
- "Smoke-free policies do not scare away potential patients." This common fear "turned out not to be true" in Dr. Goldsmith's national survey. "Only one program reported substantial loss of potential patients," he told participants at his workshop on developing smoke-free CDU's.

Dr. Goldsmith stressed, as did other speakers, that developing a smoke-free policy, and treating nicotine dependence, are two different things.

- CDU's are struggling with how to integrate the treatment of nicotine dependence into a standard chemical dependency program. Should it be voluntary or mandatory? Should there be a pharmacological detoxification? Do we need special groups or generic chemical dependency groups? "These questions, which present an opportunity for milestone research, need to be worked out by clinical research and tested locally across the country."
- CDU's appear to be in some denial about the harmful effects of nicotine, with some still believing that "nicotine is less harmful than, say, alcohol or cocaine."

Judy M. Knapp, MPH, reported that nearly 3/4 of over 200 CDU's, surveyed in Minnesota in 1988 by the Minnesota Smoke Free 2000 Coalition, believed that nicotine dependence should be treated like other drug dependencies. Yet only 11% of these facilities included tobacco treatment in their programs. She found that 78% of CD patients smoke, and 38% of staff, in contrast to less than 30% of the general public.


Ms. Knapp

Can recovering alcoholics quit smoking without endangering their sobriety? About two-thirds of the

(continued on p. 3)

Minnesota facilities said "yes," but about one quarter said that quitting smoking would interfere with recovery (from other drugs).

When should tobacco treatment be offered? Only 31% said during treatment; 26% didn't know. About three in four indicated that they have insufficient knowledge about nicotine dependence and treatment.

Common barriers to a completely smoke-free facility: fear of losing patients; fear of a lawsuit; difficulty of enforcing a smoke-free policy.

Two-thirds of the Minnesota CD directors said that a statewide law prohibiting smoking in chemical dependency facilities would minimize their fear of losing patients.

Dr. Eagle

Reimbursement

"I prefer the term 'treatment' to 'smoking cessation'," declared Jeff Eagle, PhD, of Centerville, Mass. "Nicotine dependence is a real *disorder*, not a bad habit. I smoked three packs a day for 20 years. That's *not* a bad habit!"

The 1988 U.S. Surgeon General's Report (Health Consequences of Smoking) clearly identifies nicotine as an addictive drug similar to heroin and cocaine. Before this, the APA (American Psychiatric Association) had identified both nicotine dependence and nicotine withdrawal syndrome as disorders worthy of independent classification (DSM-III).

Despite this, Dr. Eagle said that third party payers (health insurers, HMO's, Medicare, Medicaid) generally state that they do not cover treatment of nicotine dependence. Only about half of carriers will even reimburse for nicotine polacrilex (Nicorette gum), which is a prescription drug used in nicotine replacement therapy.

What can physicians do about reimbursement?

Although there is "very little coverage for 'smoking cessation' services *per se*, there are a large number of physical and psychological symptoms and illnesses associated with nicotine dependence and nicotine withdrawal syndrome," said Dr. Eagle. These conditions include (but are not limited to):

"Wheezing, coughing, lung cancer, emphysema, heart disease, high blood pressure, depression, anxiety, insomnia, acute psychiatric disorders, alcohol and drug abuse."

Third-party coverage is often available for the diagnosis and treatment of these commonly associated problems (medical diagnosis codes differ from state to state). But, because "smoking cessation is specifically prohibited in many insurance contracts, it follows, then, that a treatment program, designed around the presence of associated symptoms and illnesses, will be able to maximize the potential for third-party payments," Dr. Eagle said. "It's also possible to negotiate with insurance on a case-by-case basis. Although this can be time-consuming, it may prove to be the only effective approach in some situations (such as inpatient detoxification for a patient with emphysema)."

Dr. Eagle works primarily with smokers who have tried - and failed - more than once to quit. Other suggestions:

- **Diagnose from DSM-III-R:**

a) **psychological factors affecting physical condition** - specify the physical condition as Axis III:
Code 316.00 (p. 333);

"Try this first, we know it works." Another faculty member, Terry A. Rustin, MD, author of *Quit and Stay Quit*, also recommended this diagnosis for reimbursement.

b) **nicotine dependence:**
Code 305.10 (p. 181)
nicotine withdrawal syndrome:
Code 292.00 (p. 150-151)

- Most insurance companies say that treatment for stopping smoking is not medically necessary. Dr. Eagle believes that if physicians would include the diagnosis of nicotine dependence/withdrawal on insurance forms, even if not billing under that disease, this could raise insurance statistics on the diagnosis.
- Insurance companies claim that treatment is not cost effective. Tell them that the annual cost to employ a smoker is $4611 (in absenteeism, medical care, time lost, insurance property damage and cleaning, involuntary smoking).
- After treatment, get data and then approach insurance companies. Co-morbidity is useful here.
- Have primary care physician write a letter saying that the patient's physical condition is negatively impacted by nicotine dependence.
- Add smoking treatment to treatment for alcohol/drug abuse (75-90% of these patients smoke), or for psychiatric treatment (75% of inpatient psychiatric hospital patients smoke).

Smokers Anonymous in CD Units

"Stopping smoking is easy. I've done it a thousand times." ... Mark Twain

Max A. Schneider, MD, and Gary Lauger, MS, described the structure and role of self-help groups in smoking cessation. Some have professional leadership and ongoing formal counseling; others are continuations of standard short-term smoking cessation programs; others are less formal. Smokers Anonymous, a 12-Step program adopting the steps and traditions of AA, was described as open to all "who have a sincere desire to quit tobacco use."

SA meetings are being developed across the country. The speakers encouraged CD units to invite SA meetings to their facilities, as they do other 12-Step groups, and to promote those other groups to become non-smoking AA, CA, NA, PA, and OA meetings. This helps patients who are trying to discontinue smoking to work their various programs in safe environments.

(continued on p. 9)

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COMMITTEE NEWS

Task Force Pursues Specialty Recognition

Ponders Independent Certifying Body After 1990

by E. M. Steindler

ASAM's new Task Force on Specialty Status is now the focal point for the society's pursuit of official recognition of addiction medicine as a practice specialty.

The task force met for the first time Sept. 24 in Chicago, under the chairmanship of **Anne Geller**, MD. It will study various available avenues and options for the eventual establishment of a specialty or subspecialty certification in addiction medicine, one that would be recognized by the American Board of Medical Specialties (ABMS).

Dr. Geller ↓

As part of its study, the task force also agreed to evaluate the merits of creating a certifying entity which could be independent of ASAM. In the interim, such an entity might take over the examination and certification process which is now conducted by ASAM.

At least two options seem worthy of consideration, regarding ABMS recognition:

1) to persuade one or more of the existing ABMS-recognized specialty boards that certificates should be issued to signify special qualifications in addiction medicine. Such a board could offer an examination in addiction medicine, not only for its own diplomates, but also for diplomates of other ABMS-recognized boards;

2) to establish a separate board in addiction medicine, one that could be equivalent to the 23 separate boards already under the umbrella of ABMS.

If an independent entity were created as a first step, it could eventually become the agency that applies for ABMS recognition, either through sub-specialization under existing ABMS boards, or as a separate certifying board.

To some observers, the overall credibility of certification is significantly enhanced if the process is controlled and directed by an entity which is independent of the specialty society. In this view, the traditional mission of a specialty society is to meet several different professional needs of its members, while the mission of a certifying body is solely to foster and attest to the attainment of clinical knowledge in the specialty area.

The existence of an independent entity would mean that ASAM could divest itself of certification functions after its 1990 exam. In that event, it would still be possible for ASAM to sponsor review courses and other continuing education, and to intensify efforts to foster fellowships and other training programs of high quality. The availability of such programs is an important consideration for any specialty seeking ABMS recognition.

Members of the ASAM Task Force are eager for questions, comments, and opinions from ASAM's membership on these and related matters. You are encouraged to write Dr. Anne Geller at Smithers Center, St. Lukes/Roosevelt Hospital, 428 W. 59th St, New York, NY 10019. Please indicate whether you wish to have your letter considered for publication in *ASAM News*.

Public Meeting Planned

The task force also agreed to conduct an hour of its April 26 meeting in a public hearing format to receive comments and statements from ASAM members. That meeting will be scheduled during ASAM's Annual Medical-Scientific Conference in Phoenix. More about this in future issues of *ASAM News*.

In addition to Dr. Geller, members of this task force include: Drs. **Sheila B. Blume, Dolores M. Burant, H. Blair Carlson, Marc Galanter, Stanley E. Gitlow, James Halikas, David C. Lewis, Anthony B. Radcliffe, Sidney H. Schnoll, David E. Smith,** and **G. Douglas Talbott.** They were appointed by Dr. **Jasper G. Chen See**, ASAM president.

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ABMS to Advertise in Yellow Pages

The American Board of Medical Specialties (ABMS) announced in late September that it will run ads in the Yellow Pages of 2,000 telephone directories next spring. These ads will list only the names of doctors who are ABMS board-certified.

ABMS boards certify doctors in 23 specialties and 43 subspecialties, for a total of about half of the nation's 600,000 doctors. Outside of the ABMS, there are 105 medical organizations that certify physicians, including ASAM.

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New Committees

Conflict of Interest: **Lynn Hankes,** MD, chair

MRO (Medical Review Officer):
Max A. Schneider, MD, chair

States Chapter Development:
Joseph Westermeyer, MD, chair

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POSITION STATEMENT

ASAM Policy Statement on Chemically Dependent Women and Pregnancy

Background of the Problem

Because of the adverse effects on fetal development of alcohol and certain other drugs (including nicotine, cocaine, marijuana, and opiates) the chemically dependent woman who is pregnant or may become pregnant is an especially important candidate for intervention and treatment. Similarly, prevention programs should target all women of childbearing age.

Recently, public concern for preventing fetal harm has resulted in punitive measures against pregnant women or women in the postpartum period. These measures have included incarcerating pregnant women in jails to keep them abstinent and the criminal prosecution of mothers for taking drugs while pregnant and thereby passing these substances to the fetus or newborn through the placenta.

The American Society of Addiction Medicine is deeply committed to the prevention of alcohol- and other drug-related harm to the health and well-being of children. The most humane and effective way to achieve this end is through education, intervention, and treatment. The imposition of criminal penalties solely because a person suffers from an illness is inappropriate and counterproductive. Criminal prosecution of chemically dependent women will have the overall result of deterring such women from seeking both prenatal care and chemical dependency treatment, thereby increasing, rather than preventing, harm to children and to society as a whole.

Policy Recommendations

The American Society of Addiction Medicine supports the following policies:

1. Prevention programs to educate all members of the public about the dangers of alcohol and other drug use during pregnancy and lactation. These should include:

• Age appropriate school-based education throughout the school curriculum.

• Public education about alcohol and other drug use in pregnancy and lactation, including health warning labels and posters as well as radio and television messages, educational programs and written materials.

• Prenatal education about alcohol and other drugs for all pregnant women and significant others, as part of adequate prenatal care.

• Professional education for all health care professionals, including education of obstetricians and pediatricians in the care of chemically dependent women and their offspring.

2. Early intervention, consultation, and case finding programs specifically designed to reach chemically dependent women.

• Screening for alcohol and other drug problems in all obstetric care services, as well as in all medical settings.

• Adequate case finding, intervention, and referral services for women identified as suffering from chemical dependency.

3. Treatment services able to meet the needs of chemically dependent women.

• Appropriate and accessible chemical dependency treatment services for pregnant women and women of childbearing age and their families, including inpatient and residential treatment. Services to care for the children and newborns of these patients should be provided. Without adequate child care arrangements, chemically dependent women are often unable to engage in the treatment they need.

• Adequate facilities for the outpatient and aftercare phases of treatment for chemically dependent women.

• Adequate perinatal care for chemically dependent women in treatment, sensitive to their special needs.

• Adequate child protection services to provide alternative placement for infants or children of persons suffering from chemical dependency who are unable to function as parents, in the absence of others able to fulfill the parent role.

4. Research:

• Basic and clinical research on the effects of alcohol and other drugs used during pregnancy.

• Model programs, with evaluation component, for case finding intervention and treatment of chemically dependent pregnant women, and for case finding, intervention, and treatment of infants and children affected by maternal alcohol and /or other drug use.

5. Law enforcement:

• State and local governments should avoid any measures defining alcohol or other drug use during pregnancy as "prenatal child abuse," and should avoid prosecution, jail, or other punitive measures as a substitute for providing effective health services for these women.

6. Preservation of patient confidentiality:

No law or regulation should require physicians to violate confidentiality by reporting their pregnant patients to state or local authorities for "prenatal child abuse."

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Adopted by ASAM Board of Directors Sept. 25, 1989

Also available: **Position Statement on the Use of Alcohol and Other Drugs During Pregnancy** *(published in AMSAODD [now ASAM] News, Jan.-Feb. 1989, p. 15). Copies of these and other ASAM position statements are available free by request, in writing, from* American Society on Addiction Medicine , 12 West 21st Street, New York, NY 10010.

GUEST EDITORIAL

Chemical Dependence in Pregnancy:

(cont'd from p. 1)

This increasing use of prosecution has been accompanied by proposals, at state levels, to redraft child abuse legislation in order to include "prenatal child abuse." Prenatal child abuse would then include psychoactive substance use in pregnancy. Such a redefinition of child abuse would require us to report, without her consent, any chemically dependent pregnant patient in our practices or programs.

Dr.Sheila Blume

Concern about these and other local instances of abuse prompted ASAM to join, with more than a dozen other concerned organizations, in a coalition on chemically dependent women and their children. The coalition meets regularly in Washington, convened by the National Council on Alcoholism (NCA).

These developments have also prompted ASAM's *Policy Statement on Chemically Dependent Women and Pregnancy,* which was passed by our board of directors on Sept. 25 (see p. 6, adjacent to this page).

Now that ASAM has adopted this policy, it is up to all of us who care about the victims of chemical dependency to help bring these principles to our home states and local communities. Please take a moment. Read the policy statement. Do you know what activity is currently under way in your community? Are there government agencies or groups who believe in good faith that these punitive measures are a legitimate method of prevention? Are there others advocating for improved services? Can you lend your clinical expertise and your influence to support enlightened policies?

We all work in different settings. Some can advocate for programs that allow the newborn infant of a chemically dependent mother to remain with her in treatment. Some can take part in discussions to develop coordination of perinatal and chemical dependency treatment. Some can encourage research. Some can speak to our colleagues in law enforcement, the judiciary, and the legislature.

As the pendulum of societal attitude continues to swing between permissiveness and punitiveness, we must continue to be the advocates for humane care.

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Dr. Blume is Medical Director of Alcoholism, Chemical Dependency, and Compulsive Gambling Programs at South Oaks Hospital, Amityville, New York. She is also Chair of the ASAM Public Policy Committee.

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Dec. 9, 1989 - Apr. 9, 1990:
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ASAM News is published bimonthly:

Jan.-Feb.	Mar.-April
May-June	July-August
Sept.-Oct.	Nov.-Dec.

Advertising Rates:
Start at $60. Call/write Editor, or ASAM-New York.

Subscription Rates:
Free to ASAM members.
Nonmembers:
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ISSN # 0889-9215

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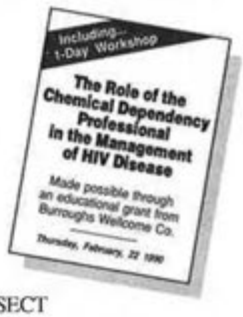

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Dr. Max Schneider conducted a workshop at ASAM Nicotine Dependence Conference in Chicago.

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Nicotine Dependence Conference

(Cont'd from p. 3)

If SA is to be offered by a CD treatment facility, among the issues that should first be addressed are:

Will paid staff be present? Are participants "graduates" of a program? Can current smokers attend? Can or should a "support person" attend? Are there materials or films available for the program and are they appropriate? Are the participants "patients," or "clients" on whom documentation must be maintained?

Dr. Schneider, who says that many years ago he smoked a dozen cigars a day ("*big* ones!"), declared yet again that "if you're still smoking, you're not clean and sober. When I first came out with this statement three or four years ago, old-timers thought it was heresy. Yet Bill Wilson and Marty Mann died tobacco-related deaths, and many other AA gurus have died of tobacco complications." He believes that SA groups should be aware of their 12th Step responsibilities to help members who relapse and smoke again.. He also suggested that SA groups provide information about local smoke-free 12 Step meetings (such as AA, NA, ACoA) to their members. [Smokers Anonymous World Services, 2118 Greenwich St, San Francisco, CA 94123. Phone: (415) 922-8575]

The ASAM conference arranged to have SA meetings every morning and evening (as well as AA meetings).

Most of the conference presentations are available on audiotape at $8.50 each from Infomedix, 12800 Garden Grove Blvd, Ste F, Garden Grove, CA 92643. Phone: 800-367-9286. In California: 800-922-9286.

A 57-page booklet of abstracts by the conference faculty, many quite detailed, is available for $10 from conference manager Hermese Bryant, ASAM, Ste 204, 6525 West North Ave, Oak Park, IL 60302. Phone: (312) 848-6050. Price includes postage and handling; make check payable to ASAM. Registrants received this booklet in their conference packets.

ASAM's 3rd National Conference on Nicotine Dependence will be held in San Diego in September, 1990.

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ABOUT ASAM

Certification Applications

Applications to take the 1990 ASAM Certification Examination are now in the mail to all ASAM members.

If anyone is already certified, or is unable to participate this time, please pass the material along to an interested colleague.

Further information: Phone or write Eshel Kreiter, Credentialing Project, in the New York ASAM office. Phone: (212) 206-6770. Exam will be given in Dec. 1990.

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How to Change AMSAODD Certificates to ASAM Certificates

Each ASAM-certified member will be mailed, at no charge, a clear sticker which can be pasted onto the member's certificate. The wording: *Effective May 30, 1989, the society's name was changed to American Society of Addiction Medicine.*

With that sticker will be an order form for an optional new certificate, which would be issued in the name of American Society of Addiction Medicine. Cost is expected to be $20. Each replacement certificate will include the number and date of the physician's original certificate.


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Addiction Medicine, Addictionist

Not Addictionology

The ASAM Board would like to remind members about its June vote that the terms "addictionology" and "addictionologist" no longer be used in *ASAM News* articles and advertisements. Instead, the board suggests "addiction medicine," "addictionist," and/or "addiction medicine specialist."

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Journals Popular at ASAM

The most popular discounted subscriptions ordered by ASAM members when paying their 1989 dues were:

ASAM's *Recent Developments in Alcoholism* book series	248
American Journal of Drug & Alcohol Abuse	228
Journal of Substance Abuse Treatment	228
Advances in Alcohol & Substance Abuse	208
Journal of Psychoactive Drugs	166
Alcoholism: Clinical & Experimental Research	146

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1990 Dues

Last month, ASAM members received a letter from President **Jasper G. Chen See** which covered the society's major accomplishments and activities, and described some of its goals, including plans to establish addiction medicine as a medical specialty.

Because ASAM has grown so dramatically (125% in five years), has opened a Washington, DC, office, has expanded its educational offerings, and plans to do much much more, the board voted to raise 1990 dues for regular members to $200. Dues for retired members (each must be approved by the board) will be $15; for medical students, $15; and for members-in-training (residents, fellows - requires a letter from current chief) will be $40.

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About Members

John N. Chappel, MD, of Nevada, was recently elected a Class A (nonalcoholic) trustee of the General Service Board of Alcoholics Anonymous, to serve for nine years (three 3-year consecutive terms). The AA Board is made up of seven nonalcoholics and 14 AA members....

David E. Smith, MD, of Haight Ashbury Free Clinics in San Francisco, received the first Sidney Cohen Award for his contributions in CD prevention, treatment and recovery from the University of California at Los Angeles...

Eugene Roach, MD, has been appointed executive director of the Anderson Center of Saint John's Health Care Corp., in Indiana....

Susan C. Stewart, MD, of New York City, is the president-elect of the 15,000-member American Medical Women's Association...

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Send c.v. to:
Recovery Medical Group, PO Box 8376, Coral Springs, FL 33075

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Physicians who join us excel with America's largest prepaid group medical practice with over six million members and growing. In our Ohio Region you will provide advanced primary care and patient management in an atmosphere that is collegial, highly supportive and professional. Opportunities currently exist for board certified/eligible physicians whose interests lie in the treatment of addictive diseases.

Alcohol & Chemical Dependency

Our northeastern Ohio location offers an excellent housing market and major metropolitan advantages. Relocation and spousal assistance programs are available, along with excellent salary and benefits. Please submit your credentials to: **Dr. Ronald G. Potts, President and Medical Director, OHIO PERMANENTE MEDICAL GROUP, INC., Dept. HRASAM, 1300 E. 9th Street, Suite 1100, Cleveland, OH 44114. OR call us at 1-800-837-OPMG/ (216) 623-8770.** EOE.

KAISER PERMANENTE

The Ohio Permanente Medical Group, Inc.

Gosnold

a bridge back on Cape Cod.

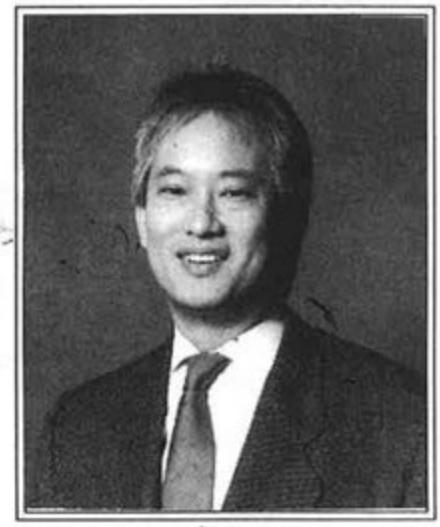
MEDICAL DIRECTOR
CAPE COD, MASSACHUSETTS

Gosnold, a non-profit corporation with several diversified free-standing treatment programs for adults and adolescents (150 beds), seeks a Corporate Medical Director.

BE/BC internists or family practitioners with ASAM certification preferred. Call Paul Rothfeld, President/ CEO at 1-800-444-1554 or send C.V. to Gosnold, 200 Ter Heun Drive, Falmouth, Ma 02540

Standards & Economics of Care Plans Survey

Dr. Mee-Lee



by **David Mee-Lee**, MD

The Standards & Economics of Care Committee met in Chicago in September to coordinate the work of its four subcommittees.

Criteria: (**David Mee-Lee**, MD; **Geoffrey Kane**, MD, co-chairs) There has been one preliminary meeting with the National Association of Addiction Treatment Providers (NAATP) to combine the Cleveland Criteria with the NAATP Criteria. On Oct. 23-24, we are to meet in a marathon session, to produce one set of admission, discharge, and transfer criteria for multiple levels of care in addiction medicine. Once the discussion draft is complete, all ASAM members will have an opportunity to comment on these criteria .

Reimbursement: (**Lester S. Silver**, MD, chair) is working to ensure that the "procedures" and services of addiction medicine specialists have recognized codes and reimbursement.

Standards of Care: (**Barton A. Harris**, MD, chair) has proposed developing practice guidelines for detoxification across all classes of drugs; defining the components of treatment and the role of the physician across levels of care.

Outcome Research Standards: (**P. Joseph Frawley**, MD, chair) Through his work with the California Society's Treatment Outcome Committee, Dr. Frawley has compiled Recommendations for Measurement of Outcome in Research in Treatment Efficacy.

We will soon send all ASAM members a survey, seeking feedback about your needs and concerns, so that our committee can target the membership's most important priorities. The ASAM Board has committed significant financial and staff resources to the work of this committee. Your input is important to ensure efficient, productive use of those resources.

Dr. Mee-Lee is Chair of the Standards & Economics of Care Committee.

ADDICTIVE DISEASE

Addictive Disease physician to work in freestanding hospital in Southeast in various sunbelt locations with twelve step model program. Good starting salary and excellent fringe benefits package.

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ATTENTION: Paul R. Coplin, M.D.

Or call Toll Free: 1-800-544-6693

The national best seller, **Rx FOR ADDICTION**, is required reading in treatment centers nationwide. Discounts for treatment centers.

Order copies from:
Glenda Guest Publishing
2000 North Old Hickory Trail
DeSoto, Texas 75115
Phone: 800-338-6177; (214) 298-7323

BOOKSHELF

Painful Affairs -
Looking for Love Through Addiction and Co-Dependency

by **Joseph R. Cruse,** MD

In the mid-1940s, Dr. E. M. Jellinek stated that the "greatest obstacle is denial." This has not changed much. We all still look for techniques to help the reticent, reluctant patient through denial of alcohol and other drug dependence and into the bright light of acceptance. The stigma of the disease, the implication of weakness and of poor self control, and the constant attempt to prove one's power over mind-altering chemicals, all reinforce an addicted patient's denial.

Joseph R. Cruse, M.D. is an obstetrician who became an addiction medicine specialist after his own recovery. He was the founding medical director of the Betty Ford Center, and is currently clinical director of ONSITE in Rapid City, South Dakota. Dr. Cruse is a realist, a pragmatist, a dreamer who makes dreams come true, and a sensitive teacher.

By comparing the various stages of the disease of chemical addiction with romantic encounters, Dr. Cruse draws the reader into a love story which beguiles us into understanding and accepting alcoholism. We see alcoholism develop like a love affair: insidious, enlarging, overpowering, and consuming.

Part I describes Joe's romance with his disease: how it conquered him; how others enabled it; and how, finally, his acceptance of it led to his recovery.

Part II deals with the relatively newly-described disease of co-dependency. Again, from the eyes, ears, and other senses of an experienced victim and healer, comes an intriguing story about the devastation of this disease.

This book is written mostly in lay terms. Folks who don't really understand the quagmire that they are in should read it. Professionals should suggest it to folks who are in denial or in early recovery. Patients should read it. Their loved ones (co-dependents) need to read it. The book could serve as an excellent source for physicians who are trying to sow the seeds of acceptance, both for alcohol and other drug dependence and for co-dependence.

Although at times somewhat laborious and verbose, most of *Painful Affairs* flows right along. Its delightful comparison of romance and disease intrigued and entrapped this reader.

Max A. Schneider, MD
Orange, CA

Ordering information:
Health Communications Inc., 3201 S. W. 15th Street,
Deerfield Beach, FL 33442
Phone: 800-851-9100
1989, paperback, 230 pages, $9.95

◆

To Care Enough -
Intervention with Chemically Dependent Colleagues
A Guide for Healthcare and Other Professionals

by Linda R. Crosby, RN, and **LeClair Bissell,** MD

To Care Enough is a most readable and well-structured guide to intervention with impaired professionals. The authors give us clear instruction on when to do it, how to do it, and why we should be doing it. The format allows the book to be used both as a quick reference and for more leisurely reading.

The book is extremely well organized and thus easy to use. Each chapter is divided into titled sections. Each chapter ends with "Chapter Highlights," which is a list of each section's important points. For example, Chapter 4, on the first phase of interventions, has sections on "Initial Preparation," "Collecting the Data," "Selecting Team Members," "Preparing Team Members," "Developing an Action Plan," and "Addressing the 'What Ifs.'" The highlights for Chapter 4 provide an easily accessible summary for the interventor who is in a hurry, or they can serve as a handy check list for anyone who is preparing an intervention.

The authors, who obviously have a great deal of practical experience, provide case histories and examples to illustrate their points. I particularly enjoyed the list of common responses from the subjects of interventions (pp. 151-152).

For someone who has little experience in intervention, it should be most reassuring to know what to expect and to be able to plan for it. The appendices, which include samples of contracts and lists of resources for impaired professionals, are invaluable. In gathering together all of this material and presenting it in such a straightforward manner, the authors have provided us with a book that we can recommend to anyone who may have to deal with an impaired professional. I have long felt the need for a book such as this one.

Anne Geller, MD
New York City

Ordering information:
Johnson Institute, 7151 Metro Blvd, Minneapolis, MN 55435
Phone: 800-231-5165
(MN: 800-247-0484; CAN: 800-447-6660)
1989, hard cover, 292 pages, $24.95

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Errata

In the July-August *ASAM News*, the word "Signs" was omitted from the book's title, in a report about *Warning Signs: A Parent's Guide to In-Time Intervention in Drug & Alcohol Abuse* by **William C. Van Ost**, MD, and Elaine Van Ost, p. 12. Our apologies.....The Editor

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POSITION STATEMENT

ASAM Public Policy Statement: Medical Care in Recovery

Background of the Problem

Alcoholism and other drug dependencies (addictive disorders) are primary, chronic, and often progressive diseases that affect almost every aspect of health. The medical, surgical, and psychiatric treatment of a recovering chemically dependent patient may have a profound effect on the patient's risk of relapse. Any potentially addicting drug which alters mood may be hazardous to recovery even if the patient has not previously been dependent upon that substance.

Policy Recommendations

The American Society of Addiction Medicine recommends that:

1. For comprehensive medical care, all disease states, including addictive diseases, either active or in remission, must be taken into account in treatment planning.

2. Abstinence from all potentially addicting, mood altering drugs is the goal for patients in recovery from addiction. However, such drugs occasionally may be a necessary adjunct in the management of a given patient for a specific condition. Judicious prescribing and close monitoring are necessary to minimize the risk of relapse into active addiction.

3. When potentially addicting drugs are medically necessary, their dosages should be determined by the therapeutic requirements, bearing in mind variations in individual tolerance.

4. Physicians are encouraged to seek consultation with a physician knowledgeable in addiction medicine, when treating a patient with a history of alcoholism or other addictive disease.

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Adopted by ASAM Board of Directors Sept. 25, 1989

Copies of these and other ASAM position statements are available free by request, in writing, from:

American Society of Addiction Medicine
12 West 21st Street
New York, NY 10010

MEDICAL DIRECTOR
PRIMARY CARE PHYSICIAN

Progressive 138-bed free-standing chemical dependency treatment center, serving adults and adolescents, located in beautiful Lancaster County, Penn., seeks medical director. Treatment philosophy consists of an individualized, Twelve Step, psychosocial, family orientation, with emphasis on specialized treatment populations.

Qualifications required: board certification in Internal Medicine or Family Practice, and experience in the treatment of chemically dependent persons. Preference for AMSAODD (now ASAM) certification.

Submit *curriculum vitae* to:
Gerald D. Shulman,
Senior V. P. Clinical Programs
Addiction Recovery Corporation
12300 Twinbrook Pkwy, Ste 150,
Rockville, MD 20852

KAISER PERMANENTE
Good People. Good Medicine.

NORTH CAROLINA

Prepaid group practice seeks BE/BC internist or family physician with interest in addictive disease to practice primary care and provide medical management of patients seeking treatment for chemical dependency. Excellent salary and benefits include professional liability and medical coverage, paid vacation and sick leave, holidays, continuing education, retirement plan, and shareholder opportunity.

Direct letter of introduction and curriculum vitae to:

Phyllis M. Kline
Physician Recruitment Coord.-AS
Carolina Permanente Medical Group, P.A.
3120 Highwoods Blvd
Raleigh, NC 27604
(800)277-2764 or (919)878-5874
Affirmative Action/EOE

MAINE
LEWISTON - ADDICTION MEDICINE SPECIALIST

St. Mary's General Hospital is located in beautiful Lewiston, the second largest city in Maine. Lewiston is ideally located only 34 miles west of Portland, only 1/2 hour from the ocean and 1/2 hour to the mountains. We are actively seeking a bc/be internist or family practitioner with experience in addiction medicine to join the treatment team on a 40-bed inpatient CD program. The program consists of a 25-bed adult program and a 15-bed adolescent program. Will provide clinical supervision to treatment team, implement clinical guidelines, and participate in community education programs. Excellent practice opportunity.

Contact Joe Dreher, M.D.
Clinical Director
Behavioral Medicine Division
St. Mary's General Hospital
45 Golder Street
Lewiston, ME 04240.
Ph: (207) 786-2901. Ext. 2760.

Terry A. Rustin, MD, conducts a workshop with volunteers at ASAM's Nicotine Dependence Workshop in Chicago.

ASAM Chicago Office

The ASAM office in Chicago will officially close at the end of October. However, ASAM will continue to contract with E. M. Steindler for consulting services in specialty status for addiction medicine, standards and economics of care, and relations with the AMA.

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Central Pennsylvania
Full time position available for addictionist as medical physician in charge of 141-bed chemical dependency unit including detoxification.
Please send resume to:
Neil Murphy
White Deer Koala Center
Box 97, Allenwood, PA 17810

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Psychiatrists and **Primary Care Physicians** needed for full/part-time in OH, MS, IL, VA, PA & other states. Competitive salaries, professional environments. Contact: ANNASHAE CORP., 6593 Wilson Mills Rd, Mayfield Vlg, OH 44143. 216-449-2662.

The **Oregon State Board of Medical Examiners** is seeking a **medical director** to administrate its newly created Diversion Program. It's a **half-time position** that pays approximately $35,000 a year plus benefits. If you are interested please send your c.v. by Nov. 15, 1989, to:
John Ulwelling, Oregon State BME
620 Crown Plaza, 1500 S. W. First AVenue
Portland, OR 97201-5826
No phone calls, please.

SECAD 1989
Come Share the Experience!
The Southeastern Conference on Alcohol and Drug Abuse
Nov. 29 - Dec. 3, 1989
Atlanta, Georgia
800-845-1567 912-742-1161
CME credits applied for

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Carol Westfall, Recruitment Director
Cejka & Co., 222 S. Central Ave., Suite 400
St. Louis, MO 63105
Phone: 800/678-7858

SUBSTANCE ABUSE PHYSICIAN FELLOWSHIP New York Hospital-Cornell Univ. Medical Center, Manhattan. 1-2 years. Broad clinical and research opportunities. Contact: Robert B. Millman, MD, 411 E. 69 St, New York, NY 10021
Phone: (212) 746-1248

PRACTICE OPPORTUNITIES AVAILABLE

Treating chemically dependent patients requires the expertise of an experienced physician.
Charter Medical has a reputation for offering high quality addictive disease programs.

Due to the growth of our hospital system, we now have several practice opportunities for physicians.
The ideal candidate has a background in treating addictive disease,
and has completed either a psychiatry or other medical specialty residency.
Personal recovery is considered an asset.

Please take this opportunity to call us now
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MACON, GA 31298

1-800-841-9403 (in Georgia: 1-800-342-9660)

CHARTER MEDICAL CORPORATION

NEW MEMBERS

The following physicians joined or rejoined ASAM after the 1989 Membership Directory was published. Source: Judith Arthur.

In May and June:

Douglas M. Astion, Canaan, CT
Donald H. Bergman, Brunswick, GA
Thomas J. Breidenstein, Columbia, MO
Sandra Brown, Southfield, MI
Michael D. Burday, Worcester, MA
Jerry Clausen, Syracuse, NY
Harry A. Croft, San Antonio, TX
Vijay M. Dhawan, Montebello, CA
Ira N. Doneson, Houston, TX
Patrick J. Donley, Tacoma, WA
Grace L. Downing, Wauwatosa, WI
Neil J. Elkjer, Sioux Falls, SD
Lawrence B. Erlich, Winter Park, FL
Robert C. Erwin, Jr., Aurora, OH
Lou A. Fink, Lafayette, LA
Richard D. Fitch, O'Neill, NE
Adrian J. Gellegrin, Louisville, KY
John D. Good, Bridgeport, WV
John H. Greig, Charlotte, NC
Jeffrey R. Guss, Ann Arbor, MI
Harry Harper, Saginaw, MI
Emma K. Harrod, Buffalo, NY
Yoosuf Haveliwala, Armonk, NY
Willard E. Hawkins, Fullerton, CA
David G. Healow, Billings, MT
Richard N. Henegan, Jr., Arlington, TX
Thomas R. Hobbs, Mechanicsburg, PA
Merle A. Hodges, Salina, KS
William H. Hombach, Billings, MT
John F. Horvat, Allentown, PA
Khalid A. Kamal, Pasadena, CA
James G. Katis, Greenwich, CT
Janetta M. Kelly, Indianapolis, IN
S. John Kim, Franklin, WI
Robert D. Kistler, Lufkin, TX
Laurence E. Kreyche, Roseville, CA
Robert D. Lang, Punta Gorda, FL
Won T. Lee, Long Beach, CA
Michael Lepawky, Vancouver, Cda
Terry W. Lowry, Phoenix, AZ
D. S. Mac, Chandler, AZ
Mario Malvarosa, Yorktown Heights, NY
Elmer Mattioli, Vineland, NJ
John A. Mattson, Glendale, AZ
Shelly Menolascino, Chicago, IL
Susan E. Moner, Detroit, MI
Edward M. Moore, Camden, NJ
Robert J. Morris, Schaumburg, IL
Edward J. Mortell, Clarksburg, WV
William C. Nemeth, San Marcos, TX
J. Napoleon Ortiz, Chandler, AZ
Joseph M. Ossorio, Sarasota, FL
Florence Ouseph, Bedford, TX
A. Hilton Parmentier, Cranston, RI
Jack A. Pasquale, Flushing, NY
Asvinkumar Patel, Forest Hills, NY
Himanshu S. Patel, Elmhurst, NY
Lyn Pestana, Los Angeles, CA
Aurora S. Quesea, Parma, OH
Ernesto O. Questo, Parma, OH
Richard T. Quick, St. Louis, MO
Lawrence M. Raines, III, Chapel Hill, NC
Chalichama Rao, Saginaw, MI
William E. Richardson, Atlanta, GA
Gary S. Rinzler, New Orleans, LA
Kathy M. Sanders, Boston, MA
Blana E. T. Scatterday, Irving, TX
Christhart Schilbach, Tucson, AZ
Elbert William Schmitt, Jr., Atlanta, GA
David L. Shepard, Minden, LA
Richard Silver, Newtown Square, PA
Irwin A. Silverstone, Dover, OH
Richard Sires, Inglewood, CA
Charles M. Smith, Sulphur, LA
Michael L. Solloway, Jacksonville, FL
Kenneth A. Spaulding, Kansas City, MO
John D. Stvhler, Wauwatosa, WI
Carroll Edward Swanger, Jamestown, ND
Merrill F. Swiney, Lafayette, CA
Richard D. Travers, Manassas, VA
C. B. Wallace, Center Point, TX
Cynthia J. Weisfloch, Shawuno, WI
Worth S. Wilkinson, Alexandria, LA
Barry Neil Williams, Winston Salem, NC
Frank D. Winter, Livonio, MI
Barbara S. Woolf-Reeve, Baltimore, MD
Edward Workman, Knoxville, TN
Melissa Lee Wraner, Cleveland Heights, OH
William D. Zieverink, Portland, OR

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In July and August:

Barry C. Bass, Pasadena, CA
Karen M. Berg, Vancouver, Cda
Randall A. Bickle, Livonia, MI
Oscar Joseph Bienvenu, Jr., Natchitoches, LA
Milton M. Bimbaum, Los Angeles, CA
Thomas W. Brown, Raleigh, NC
John Edward Burch, Jr., Ft Worth, TX
Ed Burchak, Jackson, MS
Howard L. Burley, Nashville, TN
Stephen R. Cann, Evanston, IL
Sheila Chapman, Brighton, MA
Charles Cheseanon, Worthington, OH
John J. Connolly, Omaha, NE
Virgil M. Cox, Jr., Ft Worth, TX
James K. Daly, Kinston, NC
Daniel A. Dansak, Mobile, AL
Mohan P. Das, Denison, TX
Douglas Duncan, Los Angeles, Ca
Mark H. Fields, Libertyville, IL
Charles F. Francke, Louisville, KY
Cornelia Gallo, Bronxville, NY
Mary Louise Gannon, Elmhurst, IL
Mary Catherine Gennaro, Harker Heights, TX
Jerry R. Gerson, Torrance, CA
Aitala Giron, Miami, FL
Howard A. Goldman, Bradenton, FL
James J. Goodman, Miami, FL
W.T. Gottlieb, Houston, TX
April K. Gray, Kansas City, MO
Hyman I. Greenfield, Cherry Hill, NJ
Raju Hajela, Don Mills, Ont., Cda
James S. Harrold, Jr., Evans, GA
Joan M. Hinton, St. Albert, Albert, Cda
Jake T. Hollen, Lake Charles, LA
Thomas E. Hoshour, Indianapolis, IN
Lorraine Kreider, Euless, TX
David S. La Mure, Dexter, NM
Collins E. Lewis, St. Louis, MO
Wassel A. Lewis, Wichita Falls, TX
Randolph W. Lievertz, Indianapolis, IN
Mark G. Magged, Whittier, CA
Mohammad S. Mallick, Brown Deer, WI
John Manring, Syracuse, NY
Raymond J. McGroarty, Tacoma, WA
Frank McNeil, Mosheem, IN
J. Allen Meyer, Chicago, IL
Ann Morey, Mesilla Park, NM
Karl M. Morgenstein, Hollywood, FL
Patricia S. Nye, Tucson, AZ
Harrison O'Connor, Franklin, MA
Jack R. Perlett, Lake Jackson, TX
George E. Piper, Haddonfield, NJ
Omer A. Poirier, Massenia, NY
John R. Prosser, Long Beach, CA
Kenneth Don Ragan, Chattanooga, TN
Victoria S. Rains, Honolulu, HI
Indrajit Ray, Guelph, Ont., Cda
Stephen J. Ryzewicz, Worcester, MA
Yitzhak Shnaps, Belle Mead, NJ
E. John Steinhilber, Concord, MA
Susan C. Stewart, New York, NY
Peter Sullivan, Barrie, Ont, Cda
Tommy Swate, Houston, TX
Gregory Talalayevsky, Brookline, MA
Paul Aloyisus Terpeluk, Annapolis, MD
James M. Todd, New Orleans, LA
Abraham J. Twerski, Aliquippa, PA
Robert E. Walker, Bremerton, WA
H. A. Wells, Jr., Richwood, WV
William H. Whaley, Atlanta, GA
Ronald Wiesinger, Los Angeles, CA
Roger G. Wiggins, Evergreen, CO
Michael J. Wood, Augusta, GA

◆

ADDICTIONIST

The Capital Area Permanente Medical Group is a 300-physician multi-specialty practice serving the 270,000 patients enrolled in the **Kaiser Permanente** Medical Care program, **Washington, D.C./Baltimore** metropolitan area.

We are recruiting for a physician to lead our program's effort in the treatment of addicted members. A competitive salary and benefit package is offered along with an opportunity to start innovative treatment programs in this area.

If interested, please send C.V. to:

William J. McAveney, M.D.
Associate Medical Director
CAPMG
4200 Wisconsin Avenue, N.W.
Suite 300
Washington, D.C. 20016

Or call in confidence:
1-800-326-2232

ASAM CALENDAR

Meetings sponsored or co-sponsored by ASAM (formerly AMSAODD) (one-time listing for co-sponsored conferences).

*For conference listing on this calendar, please send information directly to Lucy B. Robe, editor, **at least three months in advance.***

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- **Healing the Child Within: New York City, Nov. 6; Baltimore-Washington, Nov. 9.**
  Spirituality as a Treatment and Recovery Aid for Adult Children: New York City, Nov. 7; Baltimore-Washington, Nov. 10.

Charles L. Whitfield, MD, The Resource Group, 7801 York Rd, Ste 215, Baltimore, MD 21204.

☎ (301) 337-7772

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- **State of the Art in Addiction Medicine**
  (The 1989 California Society Review Course):
  San Diego, CA, Nov. 9-11

California Society of Addiction Medicine (formerly California Society for the Treatment of Alcoholism & Other Drug Dependencies), 3803 Broadway, Oakland, CA 94611.

☎ (415) 428-9091

◆

- **SECAD 1989 - The Southeastern Conference on Alcohol and Drug Abuse: Atlanta, Nov. 29 - Dec. 3.**

Charter Medical Corp., PO Box 209, Suite 701, Macon, GA 31298.

☎ 1-800-845-1567 (In GA [912] 742-1161)

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For information about ASAM co-sponsorship of conferences, contact Claire Osman, ASAM-New York.

◆

- **Hawaii in January: 5th Annual Pacific Institute of Chemical Dependency: Hawaii, Jan. 4-5, 1990.**

Pacific Institute of Chemical Dependency, Inc., PO Box 1233, Kailua, HI 96734.

☎ (808) 262-0742

◆

- **ASAM (was AMSAODD) 4th National Forum on AIDS & Chemical Dependency: Miami, FL, Feb. 21-24, 1990.**

Conference Information (AIDS), PO Box 81691, Atlanta, GA 30366.

☎ (404) 458-3382.

ASAM Board Meeting: Miami, Feb. 25.

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- **ASAM (was AMSAODD) Annual Medical-Scientific Conference: Phoenix, AZ, Apr. 27-29, 1990.**
  ASAM Board Meeting: Phoenix, Apr. 25.
  Ruth Fox Course for Physicians: Phoenix, Apr. 26.

ASAM, 12 West 21 St, New York, NY 10010.

☎ (212) 206-6770

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- **Next ASAM Certification Examination:**
  Sat. Dec. 1, 1990
  Atlanta, Chicago, Newark (NJ), San Francisco.

ASAM, 12 W. 21 St, New York, NY 10010.

☎ (212) 206-6770

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ASAM News
American Society of
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